



Washington State
Department of Social
& Health Services

EVALUATION AND TREATMENT PROGRAM

This is to certify that the _____

Operated by _____

Located at _____

is hereby certified as a _____ component of the

_____ County Evaluation and Treatment Program in accordance
with Chapter 71.05 Revised Code of Washington subject to the provisions of said act of
the legislature, the Standards Rules and Regulations promulgated thereunder.

Certification issued _____

Certification issued _____

Certification effective _____

Certification expires _____

MENTAL HEALTH DIVISION